LOCAL AGENCY FORMATION COMMISSION OF SANTA CLARA COUNTY

County Government Center, 11th Floor, East Wing 70 West Hedding Street, San Jose, California 95110 **(408) 299-5127 (408) 295-1613 Fax**

APPLICATION FORM

URBAN SERVICE AREA (USA) & SPHERE OF INFLUENCE (SOI) AMENDMENTS

APPLICANT INFORMATION			
Ag	Agency seeking USA / SOI amendment:		
Co	ntact Person: Phone:		
Address:			
Private Citizen seeking SOI amendment:			
Phone:			
Assessor's Parcel Number:			
Property Address:			
Mailing Address:			
PRO	OJECT INFORMATION		
Please provide the following information. You may attach additional sheets as needed and indicate so.			
1.	Project Description: Request for inclusion to / exclusion from USA / SOI of the City / District of for year		
3.	Number of application areas:		
4.	Number of acres and parcels in each application area:		
5.	For USA amendment, is proposal contiguous to existing USA and agency boundaries?		

6.	What is the relationship of the proposed boundaries to any adopted urban growth boundaries, or greenlines?
<i>7</i> .	Please explain agency's plans, policies or guidelines relating to USA and / or
,.	SOI amendments.
EN	VIRONMENTAL STATUS OF APPLICATION
	ck the appropriate section to indicate the status of compliance with CEQA.
1.	
	determined that the proposal is statutorily exempt from the provisions of CEQA pursuant to CEQA Guidelines Section (cite class exemption section) because
	determined that the proposal is categorically exempt from provisions of CEQA pursuant to CEQA Guidelines Section
	completed an Initial Study and Negative Declaration for the annexation, 10 copies of which are attached to this application
	completed a final EIR for the project , 10 copies of which are attached to this application.
2	LAFCO is to be Lead Agency for the environmental review of the project as indicated in attached confirmation from LAFCO Executive Director.
	ereby certify that all LAFCO filing requirements will be met and that the tements made in this application are to the best of my knowledge accurate.
(PF	RINT name of person completing this application) (Date)
(Sig	gnature)
(A	ddress and phone number)